MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08368

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Calvert~~ Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indianhead
STREET ADDRESS (If rural give location) Potomac Heights

3. NAME OF DECEASED: (Type or Print) (First) Elijah (Middle) M. (Last) Anderson
4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Mar. 23, 1920
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Employed Painter
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): Warrenton Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: E. B. Anderson
14. MOTHER'S MAIDEN NAME: ?
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Army Discharge Papers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850.8

Immediate cause (a) Drown 8/10/52 — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Boat turned over 8/10/52 2:30 Am

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent River (CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 8 (Day) 10 (Year) 52 (Hour) 2:30 A.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Boat turned

22. I hereby certify that I attended the deceased from ....., 19..... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:30 Am, from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) M.D. ADDRESS Ferry Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/13/52
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) Arlington, (State) Va
DATE REC'D BY LOCAL REGISTRAR 8-12-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1952
BUREAU OF S

Item 9 Film G146 8/28/52 whw

08369

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 637 Irving St NW

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Bell (Last) Fitzgerald
4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1952

5. SEX 7
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DC
8. DATE OF BIRTH 3/19/09
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butler
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) S. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Gould
14. MOTHER'S MAIDEN NAME Ellen Darty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Cynthia Barr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

825.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident Non fun Death

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hyburn
(CITY OR TOWN) Hyburn (COUNTY) Port Republic (STATE) Calvert Md
TIME OF INJURY (Month) 8 (Day) 10 (Year) 52 (Hour) 1130 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. Howard (Degree or title) One E ADDRESS Irving Md DATE SIGNED 8/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/13/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/10/52
REGISTRAR'S SIGNATURE H. Howard
24. FUNERAL DIRECTOR Jenkins & Johnson, Wash. DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
AUG 14 1952
BUREAU V. S.

08370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Hicks

4. DATE OF DEATH (Month) August (Day) 31 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, (WIDOWED,) DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 9, 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Fine Lac & Ep. Steam
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Hicks
14. MOTHER'S MAIDEN NAME Matilda Batting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ruth Jenkins.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia —

4500 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1952, to August 31, 1952 that I last saw the deceased alive on Aug. 30, 1952 and that death occurred at 5:15 a. m., from the causes and on the date stated above.

SIGNATURE Ralph Villamont (Degree or title) MD ADDRESS St Leonard DATE SIGNED 9/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 3 1952
NAME OF CEMETERY OR CREMATORY Young's Chapel
LOCATION (City, town, or county) (State) Huntingtown, Md.

DATE REC'D BY LOCAL REG. 9-3-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Wm. H. Jackson. Metropolitan Funeral Home ADDRESS 1949 Edmondson ave. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1952
BUREAU V. S.

Item 18 Film G150 1-29-53 ams

08371

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amos (Middle) B (Last) Johnson
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1952

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 1/10/52
9. AGE last birthday 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sailor - welder
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herbert Johnson
14. MOTHER'S MAIDEN NAME Vane Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-28-2792
17. INFORMANT AND ADDRESS Herbert Johnson Lusby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull ?

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Apparently pedestrian struck by auto.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found on road dead

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Huntingtown (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 8 (Day) 1 (Year) 52 (Hour) 5A m
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by unknown object

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) H. Newand MD — ADDRESS O M E Orinj Md — DATE SIGNED 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8-3rd-52 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) Calvert. (State) Md

DATE REC'D BY LOCAL REG. 8-4-52 — REGISTRAR'S SIGNATURE H. W. Ward — 24. FUNERAL DIRECTOR P. E. Sewell Prince Frederick Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 6 1952
BUREAU V. S.

Item 18 Film G150 1-29-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

08372

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ellsworth (Middle) A. (Last) Johnson
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 52

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 9/2/33
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Defense
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alanders Johnson
14. MOTHER'S MAIDEN NAME Marie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-30-2580
17. INFORMANT AND ADDRESS Marie Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8124

Immediate cause (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH 9

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Apparently pedestrian struck by auto.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead on road

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Huntingtown (CITY OR TOWN) Calvert (COUNTY) (STATE) Md
TIME OF INJURY (Month) 8 (Day) 1 (Year) 52 (Hour) 5 A
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit on head by motion obj

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE H. W. Ward (Degree or title) O M E ADDRESS Dwing Md DATE SIGNED 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-3-52
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REG. 8-4-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Frederick, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
AUG 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grace Frederick
LENGTH OF STAY (In this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olivet
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Phillips

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 30 1910

9. AGE last birthday: 41 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Phillips

14. MOTHER'S MAIDEN NAME: Christiana Wilsad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Christiana Phillips - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac arrest — Interval: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyp. Hypertensive cardio vascular renal disease with congestive failure and renal failure — Interval: 2 1/2 yrs.

(c) secondary to generalized sclerosis, chronic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1952, to 8/19, 1952, that I last saw the deceased alive on 8-14-, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Jack Hardwick C. Houck, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-21-52
NAME OF CEMETERY OR CREMATORY: St Johns
LOCATION (City, town, or county) (State): Lusby Md

DATE REC'D BY LOCAL REG.: 8-20-52
REGISTRAR'S SIGNATURE: N. W. Ward

24. FUNERAL DIRECTOR ADDRESS: P. T. Sewell Prince Frederick Md

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08374

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: Colvert
COUNTY ~~Anne Arundel~~ MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Deale~~ North Beach
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georgs
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
STREET ADDRESS (If rural give location) 6916 George Palmer Hywy

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Redman
4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 24, 1922
9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linesman
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Redman
14. MOTHER'S MAIDEN NAME: Lill Redman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Coast Guard
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Edward E. Helmick, Sr. 6215 Stigs Pkwy Hyattsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850.8

Immediate cause (a) Drowning
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) accidental
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bay.
(CITY OR TOWN) (COUNTY) A. H. (STATE) Md
TIME OF INJURY (Month) Aug (Day) 17 (Year) 1952 (Hour) 8:30 A.m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell from boat

22. I hereby certify that I attended the deceased from ..... 19.... to ..... 19...., that I last saw the deceased alive on ..... 19...., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE J. Weems (Degree or title) MD ADDRESS Huntingtown DATE SIGNED 8/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF Aug 19, 1952
NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
LOCATION (City, town, or county) (State) Ashburg, N. C.
DATE REC'D BY LOCAL REGISTRAR Aug. 19, 1952
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Gosch Funeral Home ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08375

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Beach — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Calvert COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J (Last) Urcisto

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 11, 1888

9. AGE: Last birthday 64 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Salerno Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raffaele

14. MOTHER'S MAIDEN NAME: Grazia Stuneffo (Zuccaro)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph J. Urcisto North Beach Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Embolism — Interval between onset and death: 1 min

4201

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: after early supper went in yard and fell dead

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: N. Beach (CITY OR TOWN) Calvert (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 8/12/52 8 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H. Ward Irwin (Degree or title) ADDRESS: Dr. Irwin md — DATE SIGNED: 8/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 16, 1952 — NAME OF CEMETERY OR CREMATORY: Mt Olivet Cmetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Aug. 12, 1952 — REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: Frank Geiss Sons Co — ADDRESS: Wash. D.C. 3605 - 14th St., N.W.

RECEIVED
AUG 19 1952
BUREAU V. S.